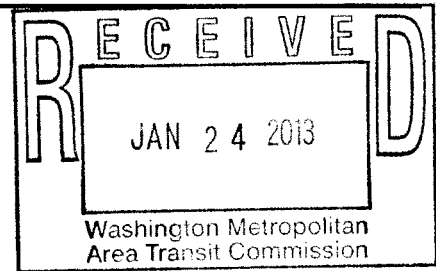


Washington Metropolitan Area Transit Commission

2013 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

280 | Veolia Transportation Services, Inc.

*WMATC No. *Name of Carrier (as shown on certificate of authority)

720 E. Butterfield Road, #300 | | Lombard | IL | 60148-5601
*Street Address of Principal Place of Business | Apt./Suite | City | State | Zip

Mailing Address (if different from street address) | Apt./Suite | City | State | Zip
(630) 571-7070 | | | | |
(630) 571-7010 | (630) 495-1377 | ken.westbrook@veoliatransportation.com

*Telephone | Other Telephone | Fax | E-mail

2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

USDOT No. | DCTC No. | Virginia DMV passenger carrier No. | Maryland PSC No.

3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mr. Ken Westbrook | Chief Operating Officer
*Name | *Title
(630) 571-7070 | (630) 495-1377 | ken.westbrook@veoliatransportation.com
(630) 571-7010 | | |
*Telephone | Other Telephone | Fax | E-mail

4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov.

Alan B. Moldawer, Esq. | | alan.moldawer@veoliatransdev.com
Name of Registered Agent for Service of Process | Telephone | E-mail
1015 15th Street, N.W. #1000 | | Washington | DC | 20005-2621
Agent Address (must be inside Metropolitan District) | Apt./Suite | City | State | Zip

5. ***CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

No such changes have occurred.

6. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. Include all required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
Please see attached sheet.							

7. ***CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

William D. Schmidt

*Name (type or print)

Regional Controller

*Title (not required for sole proprietors)

William D. Schmidt

*Signature

1-16-2013

*Date

Fleet No.	*Model		*Vehicle VIN	*License Plate	*State	*Seating	Wheelchair
If Applicable	Year	*Make	(17 digits)	Number	Registered	Capacity	Lift or Ramp Yes/No
837	2006	Star Trans	4UZAACBW26CX54993	09695P	MD	34	Y
861	2007	Star Trans	4UZAACBW47CY99678	10127P	MD	34	Y
862	2007	Star Trans	4UZAACBW67CY96457	10125P	MD	34	Y
863	2007	Star Trans	4UZAACBW07CY99676	10126P	MD	34	Y
864	2007	Star Trans	4UZAACBW27CY99677	10133P	MD	34	Y
2336	2008	GMC/Gal Motor	1GDJ5V1988F414406	10136P	MD	23	Y
7098	2002	Ford	1F8SS31F32HA79115	07532P	MD	15	N
2226	2007	GMC/Gal Motor	1HVBTAAM07H477766	7AJ2450	MD	23	Y